

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4950

State File No.

BIRTH NO. <u>158-50</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>428</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>		b. COUNTY <u>Bates</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Children's Mercy Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. #3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Ellis</u>		c. (Last) <u>Morgan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1950</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>ch. H</u>		8. DATE OF BIRTH <u>Jan. 21, 1950</u>	
9. AGE (In years last birthday) <u>8</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>		11. IF UNDER 2 HRS. Hours <u>8</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>@ child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>@ child</u>		11. BIRTHPLACE (State or foreign country) <u>Butler, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Ellis Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Lowe</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sunt Mrs. W.T. Willson</u>		18. ADDRESS <u>4440 Garfield Rd.</u>		19. MEDICAL CERTIFICATION (a) <u>peritonitis</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>peritonitis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(b) Perforated stomach</u> DUE TO (c) <u>(c) Atresia of esophagus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>due to</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION <u>7-5-62</u>		19b. MAJOR FINDINGS OF OPERATION <u>7-5-62</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Butler, Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>—</u>		22. I hereby certify that I attended the deceased from <u>1-23</u> , 1950, to <u>1-29</u> , 1950, that I last saw the deceased alive on <u>1-29</u> , 1950, and that death occurred at <u>8 00 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>R.A. McCanse</u>		23b. ADDRESS <u>Kansas City, Mo.</u>	
23c. DATE SIGNED <u>Jan 29, 50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 31, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Holmes</u>		25. ADDRESS <u>Underwood Butler Mo</u>		DATE REC'D BY LOCAL REG. <u>1-29-50</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

7562

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Grace K. Hill

Licensed Embalmer No. 4743

P. O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.